Health promotion challenge conceptions and an alternative evaluation approach

Concepções desafiadoras e uma proposta de avaliação em promoção da saúde

Oswaldo Yoshimi Tanaka

The current article makes an important contribution to the field of collective health by conducting a broad and in-depth review of the available literature on health promotion, as well as the approaches to its evaluation. Taking a didactic and comprehensive perspective to identify and expound on the various concepts (without categorizing or judging them), the authors allow readers to gain a better understanding of the concepts shaping the field of health promotion.

By presenting health promotion concepts and values with the purpose of situating them in the real, local context, the article facilitates both a grasp of these variables and their analysis (whether as results or context variables), a requisite for a deeper understanding of existing relations in the implementation of health promotion initiatives.

By expounding on and analyzing the various approaches to the evaluation of health programs and services, seeking to identify their respective advantages and disadvantages, the article makes a substantial contribution to expanding the possibilities for utilizing various available alternatives for health promotion evaluation.

The article highlights two expected results of health promotion interventions: the increased autonomy for individuals and groups, aimed at citizens’ empowerment, and the search for social equity, aimed at decreasing the social inequalities stemming from macro-policies. The process thus clearly involves a redistribution of powers in the definition of public policies. The strategy of promoting effective participation by various social actors in all the activities and actions aims at the sustainability of the resulting social changes. The inter-sectoral approach is a creative way of formulating the proposal in such a way as to not hold one specific sector accountable for the implementation of actions (or thereby delegating the command over the objectives to a single social actor), and this strategy thus tends to facilitate the process of participa-

1 Department of Public Health Practice, University of São Paulo. oytanaka@usp.br

As appropriately emphasized in the article, in light of the more comprehensive concept of health promotion, the variables from the local context in which social changes are expected along the lines of increased autonomy and decreased inequalities should be identified in order to serve as the baseline for the evaluation process and for the analysis of such changes, allowing to relate the activities and actions to the observed results.

It thus becomes important to know the prevailing cultural and social patterns and their interrelations, in order to identify which context variables should be known and explored for an analysis of the feasibility of changes deriving from the activities and actions which are actually part of the changes achieved in terms of autonomy and decreased social inequalities, as emphasized by Mercado (2002).

In relation to the health promotion concept, the article proposes to explore a mix of methodological approaches for evaluating health programs, services, and policies, as proposed by Tanaka & Melo (2001). The authors thus identify important points in the various existing alternatives, outlining the theoretical/conceptual framework and the advantages and disadvantages of each approach presented. The article takes a quantitative/qualitative mix as its methodological option in order to deal with health promotion as both object and subject, based on the concepts presented in the article.

The choice to employ the fourth-generation evaluation focus proposed by Guba & Lincoln (1989), which includes the strategy of effective, negotiated participation by the various social actors involved in implementation (and consequently in evaluation) allows to contemplate two crucial lines of evaluation, namely: 1) the formulation of a contextualized and feasible evaluation question and 2) potentiation of the use of value judgments resulting from evaluation, also used by Tanaka & Melo (2004). Furthermore, by defining inter-sectoral work as the principal thrust for the process of social change in health promotion initiatives, evaluative design should contemplate the analysis of activities in terms of the achievement of the various shared responsibilities defined in the inter-sectoral approach as well as the intensity of this action.

The choice to begin the evaluative design with these two strategies has the advantage of al-
lowing directionality in the formulation of the evaluation question, besides facilitating the identification of contextualized parameters to be used in the evaluation, thus incorporating the more comprehensive concept of increased autonomy and decreased inequalities. This approach thus makes the relationship clearer between the strategies implemented and the results achieved, thereby allowing a more in-depth analysis of the degree and intensity of the relations between the initiatives implemented and the results achieved, fostering knowledge of the conditionality between these variables.

The overall scheme of evaluative design becomes more feasible and provides greater opportunity for participation in the various stages of implementation to the extent that, from the beginning, there is adherence by the various social actors. I reiterate that participation and the inter-sectoral approach empower the establishment of this interrelationship.

Data collection and analysis should thus be based on these intervention strategies, which I consider part of the process as proposed in Tanaka & Melo (2001). When public policies are the focus of evaluation, the basic premise is that there is some type of quantitative information available in the activities and/or actions implemented by health promotion that would serve to analyze the trends in participation and the type of shared responsibility implemented through inter-sectorality. This first quantitative approach to the lines of action will allow one to raise non-explanatory or non-relational “issues” or “questions”, yet ones that are sufficient to identify which variables (in the intensity of actions and the commitment to shared responsibility by the various stakeholders) should be collected and analyzed in order to understand to what extent the expected results have been achieved. To understand these types of questions, a qualitative approach is indispensable, not from the perspective of understanding in greater depth, but from the perspective of identifying the relations in the process of constructing the intervention, as well as to identify the influence of increased autonomy and decreased inequalities in achieving the expected results (Creswell, 1994; Tanaka & Melo, 2002).

Thus, by deepening the understanding of the relations, the subsequent stage of analysis of the results will be conditioned by what was found in the evaluation of these interventions, which will facilitate the process of identifying the context variables that should be explored, whether to seek the results achieved or to sort out the variables that may have undergone changes, but which cannot be related to the interventions conducted by health promotion initiatives, as reported by Uchimura & Bosi (2004).

Therefore, the construction of a methodological mix including quantitative and qualitative approaches will be conditioned by given factors, such as the availability and ease of obtaining information and the kind of analysis to be performed.

The quantitative approach can be useful for the analysis of trends or even the speed in the implementation of activities and/or actions. Thus, trends analysis serves as an avenue that allows one to judge the direction of the initiative, to the extent that one expects results indicating that what has been implemented is capable of obtaining the expected result. Nevertheless, in order to understand the scope of the result, it is necessary to understand the meaning and/or intensity with which interactions and/or shared responsibilities have occurred in the implementation of the health promotion initiative. It is therefore necessary to use the qualitative tools in order to inductively provide a critical analysis that is more in keeping with the evaluation questions that have been posed.

This methodological mix could be explored inversely. If we begin with the evaluation question concerning the degree of change provided by the interaction and/or shared responsibility (among the various actors in the inter-sectoral work), by which we could explore through ethnography (Coulon, 1996), inter-actionism (Denzin & Lincoln, 1994), or even constructivism (Spink, 1999) the intensity and degree of change provided by the interaction. Knowing the meaning of the possible scope, we could explore, through a search in the quantitative data, the reach of these interactions in the subject of our actions.

The debate article’s argument is reinforced by the experience our team developed in evaluating the Brazilian Program for Humanization of Prenatal and Childbirth Care (PHPN) (Ministério da Saúde, 2004). Although the PHPN is a health program in the classical sense of hospital-based medical care, it raised the challenge of introducing humanization into the provision of services. This qualitative characteristic resulted in the methodological proposal of evaluating this national program using a quantitative/qualitative mix. The initial stage involved an analysis of the available quantitative data in an Internet...
Tanaka, O. Y. et al.

database, together with the exploration of a specific information system elaborated and implemented to monitor the program and known as SISPRENATAL. Exploration of these data began with the stratification of Brazil’s municipalities (or counties) by population and geographic region. By exploring the possible context variables, and mainly the health services supply, it was possible to identify some key evaluation questions for which a more in-depth investigation would be needed in order to understand the respective inter-relations. The methodology proposed for this purpose was thus a qualitative approach. In order to select the real situations and the social actors to be involved, we began with a survey of the universe of municipalities in the country as a whole, which were regrouped based on a certain degree of similarity in relation to the following: either they displayed a health services supply which was not in keeping with the results displayed in the program, or they had a much better performance as compared to municipalities with similar conditions in terms of services supply. It was thereby possible to identify municipalities which, based on the peculiarities of the study variables, might constitute rich “case studies” for a qualitative approach which would allow to identify which other variables were at stake, as well as the meaning of the results. The set of municipalities with these variables was used to select case-study municipalities to become the object/subject of the qualitative study. In each of these municipalities, a case-study methodology was applied using semi-structured interviews and focus groups. This methodological mix allowed us to explore the interrelations among the various social actors in the health care process and to identify the crucial actions and activities in the Program for Humanization of Prenatal and Childbirth Care that would allow for decision-making to enhance the Program and reach the expected results.

Based on the practical application of the mix proposed by the article, it was possible to make the results of the Program’s evaluation available, involving aspects of the program’s strategy and identification of favorable variables, besides highlighting the context variables that impacted the analysis of the results achieved. The qualitative approach fostered a critical analysis of the various views of the Program on the part of health systems managers, health professionals, and users of the Unified National Health System.

References


Concepts and approaches in the evaluation of health promotion

Concepções e abordagens na avaliação em promoção da saúde

Fernando P. Cupertino de Barros 1

In recent years there has been an intense search for evaluation methods to measure the effectiveness of public policies in various fields, especially that of Health. Within the overall Health field, special emphasis has been placed on Health Promotion, which has emerged over the years as a point of convergence between ideas, reflections,

1 State Health Secretariat, Goiás, Brazil. cupertino@saude.go.gov.br
and practices that aim to surmount the traditional biomedical model in favor of a broader perspective, containing interdisciplinary knowledge and inter-sector practices that expand the model of biomedical intervention and involve multiple dimensions of social life, as determinants of a population’s health status.

In my view, the current article’s merit is that it draws on well-defined concepts to highlight the importance of the evaluation of Health Promotion programs, particularly by health systems managers.

By recalling the importance of comprehending health reform measures for changes and the struggle against social inequalities, the authors quite appropriately state the position that the health sector and the population’s health need to be viewed as a fundamental economic investment in human and social development. In fact, the successive governments in Latin America (Brazil in particular) have faithfully complied with the economic dictates of the international financial agencies (on which the so-called Third World countries are so dependent). Thus, public health outlays are always viewed as an expense rather than as an indispensable investment in the development of these populations. Except in discourse, governments have overlooked the social and technical complexity required to tackle the challenge of producing health, and thereby increasing the quality of life and promoting general happiness.

Viewed through this prism, Health becomes an area to be safeguarded, defended, and protected for all citizens, as an inherent right of citizenship that depends on the interaction between various areas of knowledge and work, within an inter-sector perspective in its construction, as emphasized by the authors.

What calls our attention is the fact that the de-medicalization and reorientation of services become essential premises for promoting individual autonomy, along with motivation for communities to effectively grasp the knowledge needed to promote participatory management aimed at the development of these same communities and ultimately leading to the adoption of public development policies that generate equity.

It is thus crucial to focus on social development and citizens’ empowerment in order to reduce inequalities and foster social inclusion. As a process of community development, such inclusion needs to be evaluated, while maintaining scientific rigor, despite the inherent difficulties in an evaluation of this nature, where a multiplicity of effects stem from factors external to the Health field itself.

For us, as health systems managers, it is indispensable to develop on-going, close collaboration with the academic community and civil society organizations that are able to contribute to community development and citizens’ empowerment, thereby helping decrease inequalities and promote equity. Furthermore, this approach points to a greater objective, namely, the quest for happiness.

Health systems managers are responsible for the public policies they implement, and as such need to acquire the habit and the necessary knowledge to promote systematic evaluation, seeking to produce knowledge and improve these policies. Furthermore, they need to understand the complex and innovative nature of the interdisciplinary work that acts as the motor force for local development, with the involvement and adherence of the communities and the various stakeholders.

Health systems managers need to create the habit of evaluating by drawing on the accumulated theoretical knowledge base and applying it to daily management practices. On this point, although within perfectly accepted academic rituals, in my opinion the authors of the article have relied too heavily on quotes in the English language, with which few [non-English speaking] health systems managers have the necessary familiarity to extract the broader and deeper meanings from the respective expressions. I contend that “Latium’s last flower, untilled yet fair”* is capable of faithfully expressing the same ideas, although at times Portuguese may lack a single term to mean exactly what can be said in another language with one word. But after all, what are phrases for?

* Translator’s note – A widely-known quote from Brazilian poet Olavo Bilac (1865-1918, of the Parnassian school) epitomizing the Portuguese language, which Bilac lauds as “Latium’s last flower”, historically the last language to blossom from Latin and “untilled” (misused, uncultivated) yet beautiful.
The authors of the article “Concepts and Approaches in the Evaluation of Health Promotion”, from the National School of Public Health, have made an important contribution to Health Promotion evaluation in various ways, which will be specified below.

Their article critically analyzes the trend to overvalue evaluation as a methodological instrument producing signs – scientific evidence – of the effectiveness of Health Promotion programs. This problem has been faced by evaluators, generally academics, together with managers and local agents that are urged to prove to funding agents and society at large that this new approach to health work is efficient.

In contrast to this trend, the authors present various arguments, including paradigmatic, epistemological, and methodological ones, related to the conceptual field of Health Promotion. They call attention to analogies and especially to the divergences with the field of medical care practices that have been increasingly oriented by scientific evidence and identified with the biomedical model. The authors show that the evaluative practices and evidence of effectiveness constructed with this biomedical model are simple, direct, and easy to demonstrate: an individual with type-1 diabetes takes insulin and his blood sugar drops, thus demonstrating, through the result of the blood test, the evidence that the medication is effective for such occurrences.

In Health Promotion, participatory and inter-sectoral practices attempt to deal with the socioeconomic, cultural, political, and environmental determination of the health/disease process by establishing healthy public policies that transcend the health sector and are orient-ed by another model (socio-historical, cultural, and humanist), involving a complex view of the problems and their causality and potential reso-

1 School of Public Health, University of São Paulo, Department of Public Health Practice, Health Promotion Thematic Area. Center for Studies, Research, and Documentation on Healthy Cities (CEPEDOC), marciafw@usp.br.
Health Promotion programs are generally dis-

Returning to the previous question and to the conclusions on the issue of evidence, we wish to conclude by commenting that although the arguments demonstrating that efforts to establish evidence in Health Promotion (in relation to the time and effort needed to obtain such evidence) are not proportional to the scientific and practical advances in Health Promotion achieved through the evaluations performed, the studies conducted in this direction have had the merit of allowing and encouraging various key actors involved in the programs (and their financers) to move towards achieving consensuses, based on some criteria defined on the basis of these evaluation results concerning the importance of certain actions and methodological approaches in Health Promotion interventions. The arguments in favor of this conclusion, which are well-grounded in the literature, were an important contribution by this article. The authors have demystified the issue of evidence, while contradictorily and simultaneously demonstrating the importance of evaluation and the search for new methodologies and procedures to deal with the issue of Health Promotion, especially in dealing with the theory and practice of evaluating Health Promotion programs.

The authors’ proposal on the theory and practice of evaluating Health Promotion programs, based on “theories of change” and aimed at an in-depth discussion of the relationship between the theoretical constructs and the results, does not correspond to the customary practice of researchers from other countries, still heavily influenced by the rationalist paradigm. Potvin and Richard (2001), in an article discussing Health Promotion evaluation in the community, present the four categories of work found in the literature and the frequency with which they are found: comprehensive evaluative designs, which are the least frequent; articles presenting results of evaluation of mid-term processes or results, which are the most frequent; articles presenting the final results of programs; and finally articles discussing methodological issues related to the three previous types (also quite infrequent). Articles presenting the final results of Health Promotion programs are generally dis-

appointing, because their conclusions are generally that the programs are not effective: either they have failed to meet with the complexities of Health Promotion issues, or their evaluation has failed to grasp this complexity. The authors comment that the evaluative designs adopted are generally experimental or quasi-experimental and fail to grasp the complexity of Health Promotion interventions, and that this probably explains why the results obtained fail to demonstrate the programs’ success.

Researchers dedicated to evaluating Health Promotion actions according to the concept defended by this article and who propose to analyze complex interventions utilizing such evaluation approaches as theory-driven evaluation (TDE) and realist analysis, as the article proposes, defend the use of models and therefore logical criteria for evaluation other than traditional scientifically rigorous criteria, thus of the positivist line. There can be two logical criteria based on previously elaborated complex conceptual models, according to Potvin & Richard (2001): either transparency in the decision-making process or critical implementation of the multiple methodological procedures, which tends to be criticized by the traditional methodologists and runs the risk of not have the resulting articles approved for publication.

Despite the risks related to publication and the possible underrating of the resulting research work due to the gap vis-à-vis the hegemonic positivism and rationalism of the capitalist world, Health Promotion evaluation as conceptualized in this article has already become a common practice in some academic institutions in Brazil. The theme of intersectoral linky linked with quality of life is one of the lines of investigation in Schools of Public Health in several Brazilian universities and related institutions such as the National School of Public Health (ENSP-FIOCRUZ), the home institution of the authors of the current debate article, and the Center for Studies, Research, and Documentation on Healthy Cities (CEPEDOC – Healthy Cities), affiliated with the School of Public Health at the University of São Paulo, focused on the follow-up and implementation of experiences with integrated and participatory public management in Brazilian cities, as well as the State University in Campinas (UNICAMP) and others. Various theses and documents have been produced within this line of research, utilizing methodologies similar to that proposed in this article, combining methodologies and associat-
ing partners and communities involved in the production of evidence of effectiveness for Health Promotion programs, related much more to the process than to the results in terms of changes in coefficients and indicators.

Investment in Health Promotion programs from a broad and critical perspective and the use of logical evaluation models (Dwyer & Makin, 1997), with the combined use of different methodologies, reflects an alignment with many professionals working in this area in different parts of the world, but it is not a hegemonic position. It means a commitment to a truth, a view of the world and society, but it can involve problems and conflicts with individuals and institutions where ideas associated with behaviorism, positivism, and classical epidemiology prevail.

References

Health promotion evaluation, realist synthesis and participação
Avaliação em promoção de saúde, síntese realista e participação
Marcia Hills & Simon Carroll

There are many ways to enter a debate, more or less polemical, critical or supportive. We will address some very important issues raised by the initiating paper in this debate (Carvalho, Bodstein, Hartz & Matida, 2004), but first we should thank the authors for an opening that is clear and forthright, innovative and important. They have managed to present what we feel are many of the key issues in the debate over how to evaluate the effectiveness of health promotion, without in any way closing off alternative avenues and approaches.

We are grateful for this opportunity, as one of the main planks of the paper we are responding to ask us to consider “realist synthesis” as a promising alternative approach to the dominant mode of systematic reviews in health promotion. Along with other colleagues from the Canadian Consortium of Health Promotion Research, we have recently completed the initial phase in a multi-year project with Health Canada, that attempts to develop a framework for assessing the effectiveness of community initiatives to promote health, based largely on the theoretical and methodological insights of “realist synthesis” (Hills, O’Neill, Carroll and McDonald, 2004; Hills, Carroll and O’Neill, in press; Pawson and Tilley, 1997; Pawson, 2001, 2003, 2004).

There are three parts to this friendly response: 1) A rationale for our agreement with the fundamental position outlined by Carvalho et al., that: the “realist” approach is the “most radical and innovative perspective in evaluation,” and that effectiveness research should be focused on “mechanisms” that are shared across initiatives, making these the theoretical units which form the basis for systematic comparison and review of evaluation data; 2) a brief description of our initial attempt to apply this approach to assessing the effectiveness of federally-funded community initiatives in Canada, and a discussion of some of the opportunities it presented, along with some of the challenges it posed; this discussion will raise some of the internal difficulties and questions for the realist synthesis approach to health promotion; 3) a very short discussion of a possible external tension between the realist approach and the principled emphasis in health promotion (HP) on the importance of participation and empowerment in all its aspects, including evaluation.

To begin, it is clear that the demand for “evidence-based policy” is not going to go away, because at its heart, even if it metamorphoses into something with a new label, it speaks to the need for policy-makers to account for and justify their expenditures. This is part of a long-term trend in changing state-societal relations, where “results-based management” and “performance indicators” are becoming indispensable tools for
managers under increasing pressure to rationalize an ever decreasing pot of social investment funds. Fiscal retrenchment and the neo-liberal “hollowing out” of the state (Jessop, 1994, 2002) has meant that public health in general, and health promotion in particular, are swimming against the current, to avoid drowning from the massive cost-squeeze between the neo-liberal state project and the endlessly inflationary, acute care-obsessed health system. The question then becomes (assuming a revolution doesn’t happen tomorrow): what type of evidence will convince external funding agencies of the effectiveness of health promotion interventions, especially, complex, community-based work?

The second aspect of our agreement with the authors is to join the loud chorus of HP researchers who have questioned the wisdom of relying exclusively on randomized controlled trial evidence as the panacea for demonstrating effectiveness (Potvin, 1994; McQueen, 2001; Potvin et al., 2001; Potvin & Richard, 2001). The distinction we would emphasize, however, is that part of what makes the “realist” approach radical and innovative is its unique critique of the orthodox meta-analytical and the alternative narrative approaches to systematic review (Pawson and Tilley, 1997; Pawson, 2002a). While we do not have the space here to go into detail, at the core of this critique is a radically different understanding of how to conceptualize causality and explanation in scientific work. It is key to an understanding of the realist approach that it goes very deep and represents a completely alternative critique of the positivistic understanding of science to the more well known, phenomenological and constructivist critiques (Bhaskar, 1975; 1979; Keat Urry, 1982; Harré, 1983; Outhwaite, 1987; Sayer, 1992; Archer, 1995). These deeper, more philosophical ruminations, should be of direct concern to HP researchers trying to assess effectiveness, as they have large implications for how to begin to properly theorize complex social interaction and change: the ground upon which HP lives and breaths, succeeds or fails. There are a variety of social theories that HP could use as meta-theoretical foundations, none of which are likely to be entirely compatible with each other. For example, Habermas, Bourdieu, Latour, and Bhaskar all share the anti-positivist label, yet each respective theoretical and philosophical perspective has deep implications for how even middle-range theory (of the type HP must construct) is developed.

We agree that the realist approach offers great potential for finally allowing a systematic and rigourous theoretical basis for assessing the effectiveness of health promotion. Most profoundly, as the authors intimate, it allows for the integration of the real-world complexity of HP initiatives, including the basic elements of socio-economic context discussed in the paper.

The work on the Heath Canada framework grew out of a long period of frustration with both the RCT-based gold standard and with the inability of more qualitative, phenomenological and constructivist alternatives to grasp the nettle of demonstrating effectiveness. We were left with many of the basic insights that seem to be shared by the vast majority of HP researchers about what type of things were important to successful initiatives (e.g. participation; intersectoral action; empowerment; critical dialogue; shared leadership); yet, with no methodology that could generate a sufficient level of abstraction to compare these “things” or “processes” across initiatives. Pawson’s idea that “mechanisms” might be the basis for comparison was the catalyst for an attempt to do something radically different. The most important gain in adopting this approach seemed to be that it offered a way of identifying what it was that made a process like collaborative planning work. What were the key mechanisms that caused positive change in community-based health promotion initiatives? Furthermore, because the orthodox epidemiological approach to causality was no longer the standard, it was possible to start to think about how these mechanisms were related to enabling and constraining contexts. This meant that even if the outcomes didn’t show positive change, you could still investigate the effectiveness of the mechanisms themselves, and you could start to build a picture of those contexts that allowed “participation” to enable successful collaborative planning, for example, to translate into positive outcomes, and those that hindered its positive effects.

However, this exciting project has also thrown up some equally persistent challenges. First, the conceptualization of mechanisms demands some very intense theoretical reflection and collaboration with other experts in the field, to ensure that the abstract concepts fairly reflect the complexity of HP initiatives. Secondly, how these mechanisms interact with each other, and what weight each mechanism has in given contexts, adds another layer of complexity to the theorization. Thirdly, how to theorize the “con-
text” itself means delving into the world of social theory to a depth that many in the HP field do not see as relevant, although some leading thinkers argue that the development of a stronger theoretical base for HP is increasingly necessary (Potvin, 2001; Nutbeam, 2000; Best, 2003; Green, 2000; Brickmayer and Weiss; 2000; Judge, 2001). Fourthly, the move from rigorous conceptualization to appropriate indicators for measurement is just as complicated and may, in some cases, not have a solution at all. Finally, in relation to the necessary empirical grounding of the theoretical development, we have found that the lack of good systematic evaluation data (focused on the areas that all HP practitioners talk about when they have time off from evaluation) will be an impediment to developing the evidence base for effectiveness, no matter how good the theoretical intentions are. Even if evaluations become more systematic, unless evaluations of community initiatives are encouraged to collect detailed data on such things as “level of participation,” it is hard to develop the required middle-range theoretical hypotheses that are the sine qua non of realist syntheses. In summation, the Health Canada project is a very exciting and promising opportunity, although the difficulties ahead are legion.

The final point raises a serious issue for anyone enthused by the realist alternative as we are. There is a potential paradox within the realist approach in that, while it allows for the theorization and integration of participation and empowerment into an effectiveness framework, and does not pre-judge whether they are immediately available for measurement, there is an inherent danger within realism that it systematically valorises the “scientist’s” epistemological perspective above the lay-perspective. In its powerful and necessary critique of the solipsism and self-contradiction of extreme constructivism, it often equivocates between the obvious position that lay-members of the community can be wrong, and the strong implication that this shared fallibility somehow makes a “scientific” methodology superior in itself to other forms of knowledge. In other words, in realism’s strong and incisive demolition of relativism, it often wears, unintentionally, the defensive armour of a “scientism” that we would do better to leave behind. There should be no special epistemological status attained through spurious methodological privilege. We do not hold that this is a necessary outcome of using a realist approach, only to point out that it would be a cruel irony if in grasping at a theoretical resource HP is profoundly lacking, it lets go of one of the crucial theoretical insights it has managed to gain; that knowledge for change must be created and used through a participatory frame which values all types of knowledge as in principle equally valid, though any particular knowledge claim is open to critical questioning.

**References**


Nutbeam D 2000. Health promotion effectiveness – the questions to be answered (Part Two, Evidence Book),


Pawson R 2001. Evidence and policy and naming and shaming. ESRC UK Centre for Evidence Based Policy and Practice.


---

Health Promotion and the Unified National Health System in Brazil: a necessary conceptual alignment

Promoção da Saúde e o Sistema Nacional de Saúde no Brasil: um alinhamento conceitual necessário

Luiz Odorico Monteiro de Andrade 1
Ivana Cristina de H. C. Barreto 2

Antônio Ivo Carvalho and collaborators have produced an excellent paper on the importance of Health Promotion (HP) in the context of public policies and the need to monitor and evaluate HP policies and programs in order to help improve activities in this field.

The authors’ paper has come at a prime moment for contributing to the conceptual alignment of the term Health Promotion. Here, we wish to highlight that the HP concept adopted by the authors was that of a set of reflections and practices committed to surmounting the biomedical model, beginning with the positive and expanded concept of health, and taking the social process of its production as the focus.

The article comes at a time when a conceptual alignment is needed among institutional stakeholders in the Unified National Health System in relation to the Health Promotion strategy. This dilemma is at the very roots of our field.

According to Article 196 of the 1988 Brazilian Constitution and Act 8.080/90, articles 2 and 3, the concept of Health Promotion appears as a synonym of a type of health action, which has led to a certain conceptual clash. An example of this conflict is where Article 196, which provides that health is the right of all and the duty of the state, guaranteed by means of social and economic policies aimed at reducing diseases and injuries and through actions and services for promotion, prevention, and rehabilitation. As observed in the underlined section, this use of the term Health Promotion reduces its meaning to the notion of one among other types of health actions, and this understanding has become common among actors and institutions in the health field. Such a construction has undermined the power of the HP concept as intended by the authors.

1 Secretary of Social Development and Health, Sobral, Ceará State, and President of the National Council of Municipal Health Secretaries (CONASEMS).
2 Director of Teaching and Research, “Visconde de Sabóia” Family Health Training School, Sobral, Ceará.
The source of this conceptual confusion in the term Health Promotion dates to the 1960s, when Leavell & Clark (1976) defined HP as “one of the five levels of prevention”, thereby reducing the scope originally intended by Henry Sigerist (1996).

It is important to highlight that HP does still not constitute a new paradigm from the Kuhnian (1995) point of view, but represents a paradigmatic tension for the hegemonic biomedical model that held sway throughout the 20th century.

To illustrate this argument, we can turn to a three-dimensional geometric figure formed by three axes that move along the timeline and according to the predominance of one of its vectors. The three axes are: political-operational-normative, discursive, and paradigmatic (Andrade & Barreto, 2002). In this sense, to the extent that in the discursive axis the discourses and conceptual alignments are consolidated politically in an operational and normative way, they also exert a tension on the biomedical paradigm. An example in Brazil is the disarmament policy recently implemented by the Federal government. In this particular case, the impact from gunshot wounds could have led merely to the expansion of emergency care and trauma services in the country. Based on evidence that homicides involving firearms were the main cause of death among adolescents and young adults in the country and that this problem could not be solved merely by expanding health care services, rather that it required broader social measures (as contended by various members of the country’s public health community, with particular reference to the extensive academic output by Professor Maria Cecília Minayo, head of the Latin American Center on Violence at the Oswaldo Cruz Foundation), and backed by nongovernmental organizations, public administrators, legislators, and other social segments, the discussion was generated on the need to disarm Brazilian society. Such discourse, in turn, impacted the Executive and Legislative Branches and the drafting and enactment of the Disarmament Act.

This process led to a gain in the HP field in the political-normative-operational axis, legitimizing it in its formulation and consolidating it as a field of research, producing a paradigmatic tension in the axis of the biomedical model. (Figure 1)

Another important contribution by the article was that it retrieved the results of the review by Tounder in 1996 on studies concerning Health Education or Health Promotion initiatives catalogued by the UIPES (Union Interna-
tional discourse (Santé), highlighting various contributions to improved quality of life for populations, including: a) progress in knowledge; b) mobilization of decision-makers for the definition or adjustment of the legislative framework; c) improvement in the state of health of certain populations, including reduced prevalence of certain diseases; and d) health cost containment.

The evaluation methods presented in the article appear to be consistent with HP, since they were not limited to quantitative studies. As highlighted by the authors, the latter are not sufficient for the analysis of complex experiences that are innovative in their interdisciplinarity and dialogue among various managers in the public administration, leading to inter-sectoral actions with integrated, participatory local development agendas.

The utilization of so-called “realist evaluation” for the study of HP policies, programs, and initiatives appears quite relevant, since it proposes the theories as the principal unit of analysis rather than the policies and programs themselves. According to the authors, the study of these theories is more effective for analyzing the potential generalization of the lessons learned.

At the end of the article, the reaffirmation of the need for “local understanding rather than universal truths” is in keeping with the current reality in the Brazilian health system, functioning in more than five thousand municipalities (or counties), with populations varying from fewer than five thousand to more than twelve million inhabitants. In this sense, the need for evaluation of local contexts for the improvement and adaptation of the HP strategy at the municipal level becomes imperative for the enhancement of public policies developed at the local level in Brazil.

References


The authors reply

Os autores respondem

We wish to begin with special thanks to the colleagues who, on very short notice, commented so generously on this article, adding valuable contributions to the topic in debate and to the development of the Health Promotion field in Brazil. We would also like to publicly explain the reason for publishing this debate article in English: far from an attempt to smother “Latium’s last flower” [the Portuguese language], as Fernando Cupertino so appropriately warned against, the article aims to foster a closer international dialogue which we intend to expand by sharing these reflections with participants of the 2nd International Conference on Local and Regional Health Programs: Strengthening the Integration of Promotion and Prevention in Health Systems, the theme of which highlights the relevance of this debate.

The HP field, as posited in the article and reaffirmed by the discussants, currently presents a conceptual and operational expansion of the overall health issue, wagering on a redesigning of practices and policies for the reduction of social inequality. An important clarification in relation to the issue raised by Maria Westphal is that the challenge is to understand social-infrastructure, sanitation, and public health policies in general as “investments” rather than merely as social “expenditures”; therefore, the health sector and the population’s health are viewed as a fundamental economic investment for human and social development. The HP field constitutes both a movement and privileged space for critique of the hegemonic biomedical model and prevailing health care practices within a new context of changes in public health (Kickbusch, 2004), where the influence and/or impact of services on health conditions is quite limited. The debate concerning HP actions and programs fosters a sectoral agenda for the defense and preservation of health and quality of life against the logic of the market and profit, (re)introducing issues related to the excessive medicalization of practices and the necessary reorientation of health services and systems.

In the current context of globalization and growing complexity of societies as they relate to the need to reduce health inequalities, HP is consolidated through an interdisciplinary approach, inter-sectoral cooperation, and democ-
ratic, participatory dialogue. Based on a comprehensive, current discussion of health determinants, HP surpasses the health sector's boundaries to focus on public health policies in dialogue with the range of actors and subjects involved in the multiple social dimensions. HP sees health as a modern right of citizenship, valuing the inherent capacity of social agents to reflect critically on health and living conditions. Empowerment, autonomy, and effective participation by social actors are crucial for the qualification of HP practices and serve as a fundamental dimension for the effectiveness of the proposed changes in health care, management, and local development, as well as in macro development policies, as highlighted by the article. The premise here is that communities, groups, and organizations are active and reflexive agents, shaping policies and practices. The effectiveness and sustainability of the social changes result from this participation and social involvement.

In the debate on the Health Promotion field, a first consensus is that HP is not merely a supply of health actions in poor areas and for unassisted populations, but rather the implementation of more comprehensive strategies and inter-sectoral actions for sustainable development that can impact social inequalities and promote improvement in quality of life and health. The perspective of social development and strengthening of citizenship, as emphasized by Fernando Cupertino in his comments, is a precondition for the success of initiatives in this field.

Another point of consensus and one of the key challenges for the HP field is to transform discourses, principles, and conceptual references into policies and programs, generating effective and sustainable changes including reduction of inequalities and relevant health problems. Citing the recent disarmament policy implemented by the Brazilian Federal government, Odorico and Ivana demonstrate the potential of well-based arguments for developing effective inter-sectoral actions, incorporating the main determinants of the problem at issue. The capacity to generate macro-policies for socially relevant issues clearly highlights the potential for critical reflection on HP approaches and interventions.

Conceptually innovative proposals and practices with plural implementation strategies and committed to equity cannot do without monitoring and evaluation to signal and favor the conditions for success in their results. In fact, the production of “evidence” now occupies an outstanding place in international discussions and forums on evaluation in the Health Promotion field. Yet without a doubt, and agreeing with the comment by Márcia Westphal, the article seeks to view in a relative light and critically analyze this trend, revealing the inherent complexity and limits of evaluation approaches and identification of evidence in HP actions. However, experiences in the evaluation of HP programs and initiatives become indispensable for the analysis of processes, formulation, and implementation and to estimate the results or impact of the proposed interventions, consolidating principles and values in the Health Promotion field.

Let us then consider the debate on evaluation as a strategic theme for the consolidation of the HP field in Brazil and the world, working on the assumption that evaluation should act as a “feedback system” between the program and the context (Potvin et al., 2001), producing useful information for the key actors in the process. Knowledge of the local context variables, appropriately highlighted by Tanaka, is crucial because a program can only function and lead to sustainable changes if it is rooted in (and closely attuned to) local aspirations, needs, and demands. Innovative HP programs using multiple strategies for mobilization and participation, involving diverse actors and inter-sectoral actions, focus on comprehensive social changes with a community-wide scope and not only on epidemiological risk situations, as emphasized by Márcia Westphal, allowing one to perceive the limits of more traditional evaluation approaches.

Further assuming the complex nature of HP initiatives and thus the challenges posed for evaluation approaches, we reiterate how important it is for such initiatives and the corresponding evaluative designs to incorporate the principles of equity when analyzing the effectiveness and/or efficiency of these actions or programs employing public resources. Evidence of the effectiveness of HP actions is particularly important for determining or redirecting approaches, informing the decision-makers, service providers, users, and other stakeholders.

Another point of consensus in the debate is the need to incorporate participatory (“bottom-up”) methodologies. In fact, social programs, as in the case of Health Promotion, only work through their actors’ diversity and cooperation, where it is crucial for evaluation that
local actors identify where to concentrate efforts and exactly where impacts and changes can be felt (Sullivan et al., 2004). We also see a consensus around the need to improve our theoretical and methodological research and evaluation tools in light of the complex nature of HP and local development interventions. Thus, the first “evidence” to be sought relates to the theories of change underlying such actions, based on the knowledge that any program operates on the basis of a given theory and that evaluation is an activity that tests this theory and produces knowledge (Pawson, 2003). The hypothesis is that despite the diversity of local contexts and variables, it is possible to identify common (logical and/or causal) mechanisms which justify the proposed actions and interventions.

However, while we defend this Pawsonian perspective, as expressed by “realist evaluation”, it is indispensable to keep in mind the comments by Marcia Hills and Simon on the risk this approach entails if it is treated as a “scientific methodology superior in itself to other forms of knowledge”. We support this word of caution against the production of a kind of knowledge based on methodological privileges which lack the “participatory frame” as a principle. By way of conclusion, and drawing further on the same authors’ contribution, we would thus like to discuss the limits and difficulties “of demonstrating effectiveness” through the experience of a Canadian Health Promotion project, of (re)opening the (inter)national debate by inviting colleagues to share with us in the search for answers to the question posed by them and that continues to challenge and provide the basis for Health Promotion evaluation (the object of this article), i.e., what type of evidence will convince external funding agencies of the effectiveness of Health Promotion interventions, especially complex community-based work?

References

